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2004-2189

CONFIRMATION NO. 4964

SERIAL NUMBER 09/542,091	FILING DATE 04/03/2000 RULE	CLASS 382	GROUP ART UNIT 2623	ATTORNEY DOCKET NO. 10225-023001
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APPLICANTS

Jose De La Torre-Bueno PH.D., Encinitas, CA;

** CONTINUING DATA *****
MD
NONE

** FOREIGN APPLICATIONS *****
MD
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/07/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 6
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Verified and Acknowledged
 Examiner's Signature *MD* Initials

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 20985
 FISH & RICHARDSON, PC
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 SAN DIEGO , CA
 92130-2081

TITLE
 Remote interpretation of medical images

FILING FEE RECEIVED 617	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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 Washington, D.C. 20231

SERIAL NUMBER 09/542,091	FILING DATE 04/03/2000 RULE -	CLASS 204	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 10225-023001
APPLICANTS Jose De La Torre-Bueno PH.D., Encinitas, CA ;				
** CONTINUING DATA *****				
None mean				
** FOREIGN APPLICATIONS *****				
None				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **				
** 06/07/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>WJH</u> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 30
				INDEPENDENT CLAIMS 6
ADDRESS Kent J Sieffert Fish & Ricahrdson PC PA 60 South Sixth Street Suite 3300 Minneapolis ,MN 55402				
TITLE Remote interpretation of medical images				
FILING FEE RECEIVED 617	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	